

**REEMPLOYMENT ASSISTANCE**

**EMPLOYER  
REPORTING REFUSAL OF SUITABLE WORK**

*Open this form in an Adobe reader to complete. Changes made in your internet browser will not save.*

*Submit to [RAFraud@state.sd.us](mailto:RAFraud@state.sd.us) or mail to DLR RA Division, ATTN Benefits, P.O. Box 4730, Aberdeen, SD, 57402*

Your business name: \_\_\_\_\_

Full name of the individual: \_\_\_\_\_ Last four digits of their SSN: \_\_\_\_\_

Was the individual laid off due to COVID19 or other reasons?

COVID reasons

Other reasons, please explain: \_\_\_\_\_

Was the individual given a recall date?      Yes      No      If yes, what was the recall date? \_\_\_\_\_

How was the individual contacted to return to work? (check all that apply)

- Email
- Phone Call
- Text Message
- In person
- Other (please describe below)

Provide the contact information you used to make the offer of work and any other details about the contact. If offer made by phone, include whether the individual was spoken to directly.

What details were given to the individual about their return to work?

What was the individual's response? Be specific.

**YOUR CONTACT INFORMATION**

Name \_\_\_\_\_ Date completed form \_\_\_\_\_

Contact number \_\_\_\_\_ Contact email \_\_\_\_\_

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